

BLACK HAT US 2005 CANCELLATION REQUEST FORM

Use one form per registrant. Complete this form in its entirety and return it to:

Black Hat, Inc Email: limks@blackhat.com Tel: +65 6899-6115 (GMT +8) Fax +65 6234-3671

Registrant Name

Confirmation Registration Enrollment Number

- I understand that I am canceling my registration in its entirety and that I will not be offered a refund since it is after October 1, 2005 as detailed under the Registration Terms and Conditions that I agreed to when I registered.
- I am requesting a cancellation of the BRIEFINGS of my registration and that I will be sent a refund via check. If I choose to re-register at a later date, I will be subject to the Registration Terms and Conditions.

Name the check should be endorsed to

Address check will be mailed to

City, State / Province, Postal Code, Country

Contact Email Address _____

Contact Telephone Number _____